

again in 2000. The measure passed the House by overwhelming votes.

On June 28, 2000, almost 3 months after the House last voted on the partial-birth abortion ban, the Supreme Court struck down a Nebraska ban on partial-birth abortions in the Stenberg case. And so once again we are here to stand and to fight against this violent and crude procedure.

The Congress' last attempt to ban partial-birth abortions failed, but we must continue to do everything we can to save innocent lives. So many of us here in the House and the Senate and all across America want to see this legislation passed into law, not to trample on the rights of any individual as some would say. We want this legislation to pass to become law simply to protect the lives of the innocent.

This afternoon I would urge my colleagues to join with me in cosponsoring this important piece of legislation that will save the lives of many, many and let our common goal be to protect the lives of mothers and infants.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. QUINN). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes may be taken in two groups, the first occurring after debate has concluded on H.R. 4679, and the second after debate has concluded on the remaining motions to suspend the rules.

IMPROVING ACCESS TO PHYSICIANS IN MEDICALLY UNDERSERVED AREAS

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4858) to improve access to physicians in medically underserved areas.

The Clerk read as follows:

H.R. 4858

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

(a) INCREASE IN NUMERICAL LIMITATION ON WAIVERS REQUESTED BY STATES.—Section 214(l)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(1)(B)) is amended by striking “20;” and inserting “30;”.

(b) EXTENSION OF DEADLINE.—Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) is amended by striking “2002.” and inserting “2004.”.

(c) TECHNICAL CORRECTION.—Section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1182(e)) is amended by striking “214(k);” and inserting “214(l);”.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect as if this Act were enacted on May 31, 2002.

□ 1215

The SPEAKER pro tempore (Mr. QUINN). Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. SENSENBRENNER).

GENERAL LEAVE

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 4858, the bill currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. SENSENBRENNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 4858 extends authority for a visa-requirement waiver that permits certain foreign medical doctors to practice medicine in underserved areas without first leaving the United States. The bill also increases the number of foreign residence waivers from 20 per State to 30 per State.

Aliens who attend medical school in the United States on “J” visas are required to leave the United States after graduating to reside abroad for 2 years before they may practice medicine in the United States. The intent behind this policy is to encourage American-trained foreign doctors to return home to improve health conditions and advance the medical profession in their native countries.

In 1994, the Congress created a waiver of the 2-year foreign residence requirement for foreign doctors who commit to practicing medicine for no less than 3 years in the geographic area or areas, either rural or urban, which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals. The waiver limited the number of foreign doctors to 20 per State so that underserved areas in all States receive doctors. The original waiver was set to expire on June 1, 1996. The Congress extended the waiver to June 1, 2002.

States with underserved medical areas worry that health facilities in such areas will have to close down if the authority for these medical waivers is not extended. The States have also requested additional waivers so that they have more doctors to help keep their clinics open.

Mr. Speaker, H.R. 4858 increases the numerical limitation on waivers requested by States from 20 per State per year to 30 per State per year. It also extends the deadline for the authorization of the waiver to June 1, 2004. The bill retroactively takes effect May 31, 2002, prior to the waiver's expiration.

I urge my colleagues to support this bill so that urgently needed doctors may continue to practice medicine in areas that are in critical need of medical care.

Mr. Speaker, I reserve the balance of my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I thank the distinguished chairman of the Committee on the Judiciary. I would like to offer my support for this legislation.

I offer my support for this legislation with a qualification, recognizing that this legislation did not come before the Subcommittee on Immigration and Claims and was marked up in full committee. I believe the importance of this legislation was such that deviation from regular order and committee procedures was to be understood. So I rise in support of this legislation, a bill that will help provide underserved areas with needed health care providers.

As my colleagues know, there are many inner city and rural areas in dire need of doctors, and this program will allow a limited number of foreign doctors the opportunity to practice in America. In working on this legislation, I worked with Members and colleagues from both rural and urban areas, and their advocacy for this showed the dire need for those who are in underserved areas.

The bill was introduced by the gentleman from Kansas (Mr. MORAN); and many of our colleagues from the rural areas and, as I said, inner city areas, have asked for this legislation to be in place.

Mr. Speaker, H.R. 4858 reauthorizes the Conrad 20 program until May 31, 2004. The reauthorization is retroactively effective to May 31, 2002, as that was the date of the expiration of the program and also noting the ending of the involvement of the USDA. The bill also includes a modest increase in the number of eligible foreign physicians. That number goes from 20 to 30 based upon a survey showing the need.

Might I note that the Texas Primary Care Office, certainly a State of which I come from that recognizes the importance of serving in rural areas and inner city areas, surveyed all 50 States on the use of the J-1 visa. Upon the USDA announcement that they were ending their participation, the PCO again surveyed the States and, as a result, the most recent survey by the PCO, every State but two, indicated that they are or are intending to put in place a Conrad 20 program, which would utilize the J-1 visas.

Under current immigration law, a “J” visa is available to foreign physicians as an exchange visitor if the person meets certain requirements, including the intention to return to his or her home country, participation in an exchange visitor program designated by the U.S. Information Agency, and participation in a program that is intended to train foreign nationals in a field that can be utilized in the person's home country, and sufficient funds and fluency in English. They are limited in the number of visas of a 2-